PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

47079-0008 7USCI

ľ	•	CLAIMS	AS FILE	- PART	I			SMALL	ENTITY		OTHE	R THAN
┟╴	OTAL CLAIRA		(Colu	(Column 1)		(Column 2)		TYPE		OF	OR SMALL ENTI	
TOTAL CLAIMS			38	38				RATE	FEE		RATE	FEE
FOR			NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FE	F 770.00
T,	OTAL CHARGE	381	3 8 minus 20=		.18		X\$ 9=		OR	X\$18=	324	
iΝ	DEPENDENT	CLAIMS	8	8 minus 3 =		S		X43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								.145-	<u> </u>	┨.		930
* If the difference in column 1 is less than zero, enter "C					"0" in (column 2		+145=		OR	L	<u> </u>
CLAIMS AS AMENDED - PART II								TOTAL	·	OR		1524
_	<u>, </u>	(Column 1)		(Colum	n 2)	(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	<u> -</u>	Minus	**		=	X\$ 9	X\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF M	Minus	PLE DEPENDENT (=		X43=		OR	X86=	
٠	1.1101111201	LIVIATION OF IVI	OLTIPLE DI	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL		Ⅎᇧ╵	TOTAL	
		(Column 1)		(Colum	n 2).	(Column 3)	Α	DDIT. FEE	L	_ 1011 /	ADDIT. FEE	
8		CLAIMS		HIGHE	ST		Г		ADDI-	7 7		ASSI
		REMAINING AFTER AMENDMENT		PREVIOL PAID FO	JSLY.	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
5 L	Total	*	Minus	**		=	Ī	X\$ 9=		OR	X\$18=	FEE.
	Independent	*	Minus	***		=	F	X43=		1 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢	7,40=		OR	×0.0=	
							L	+145=		OR	+290=	•
								TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
_		(Column 1) CLAIMS		(Column		(Column 3)						
		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	<u>, , , , , , , , , , , , , , , , , , , </u>		X\$18=	
	ndependent		Minus	***		=	┢	X43=		OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=		OR	X86=	
ı if t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
H 1	ne Highest Nurr	iber Previously Pai	d For IN THI	S SPACE is le	ee than '	20 anter *20 *	ADI			OR AL		